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**US-Request** 

### APPLICATION DATA SHEET

Electronic Version v14 Stylesheet Version v14.0

> Title of Invention

**BOTTLEWASH ADDITIVE** 

Application Type:

regular, utility

Attorney Docket Number: E14.2-10817-US02

Correspondence address:

**Customer Number:** 

490

\*490\*

Inventors Information:

Inventor 1:

**Applicant Authority Type:** 

Inventor

Citizenship:

US

Family Name:

Lawrence

City of Residence:

**Inver Grove Heights** 

State of Residence:

MN

Country of Residence:

US

Address-1 of Mailing Address: 8311 Claymore Court

Address-2 of Mailing Address:

City of Mailing Address:

Inver Grove Heights

State of Malling Address:

Postal Code of Mailing Address: 55076

Country of Mailing Address:

US

Phone:

Fax:

E-mail:

Page 2 of 3

**US-Request** 

Inventor 2:

**Applicant Authority Type:** 

Inventor

Citizenship:

US

Given Name:

Gerald

Family Name:

Wichmann

City of Residence:

Maple Grove

State of Residence:

MN

**Country of Residence:** 

บร

Address-1 of Mailing Address: 9351 Dallas Lane N

Address-2 of Mailing Address:

City of Mailing Address:

Maple Grove

State of Mailing Address:

MN

Postal Code of Mailing Address: 55369

Country of Mailing Address:

US

Phone:

Fax:

E-mail:

Attorney Information:

Name	Registration Number	
Lisa L. Ryan-Lindquist	43071	

#### Assignee 1:

Organization Name:

Ecolab Inc.

Address-1 of Mailing Address: 840 Sibley Memorial Highway

Address-2 of Mailing Address:

City of Mailing Address:

St. Paul

State of Mailing Address:

MN

Postal Code of Mailing Address: 55118

Country of Mailing Address:

US

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Phone:			
Fax:			
E-mail:			

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Applicant Authority Type:

Inventor

Citizenship:

US

Given Name:

Michel

Family Name:

Lawrence

City of Residence:

Inver Grove Heights

State of Residence:

MN

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US

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MN

Postal Code of Mailing Address: 55076

Country of Mailing Address:

US

Phone:

Fax:

E-mail:

US-Request

Inventor 2:

Applicant Authority Type:

Inventor

Citizenship:

US

Gerald Given Name:

Family Name:

Wichmann

City of Residence:

Maple Grove

State of Residence:

MN

Country of Residence:

US

Address-1 of Mailing Address: 9351 Dallas Lane N

Address-2 of Mailing Address:

City of Mailing Address:

Maple Grove

State of Mailing Address:

MN

Postal Code of Mailing Address: 55369

Country of Mailing Address:

US

Phone:

Fax:

E-mail:

Attorney Information:

Name	Registration Number
Lisa L. Ryan-Lindquist	43071

Assignee 1:

Organization Name:

Scimed Life Systems, Inc. Ecolab Inc.

ĺ,

Address-1 of Mailing Address: One Scimed Place

840 Sibley Memorial

Address-2 of Mailing Address:

City of Mailing Address:

Maple Grove

St. Parel

State of Mailing Address:

MN

Postal Code of Mailing Address: 55337

55118

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**US-Request** 

Country of Mailing Address: US

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